

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Kenny Hill		COURT CASE NUMBER 05-160 Erie	
DEFENDANT U.S. Attorney General Alberto Gonzalez		TYPE OF PROCESS Civil Action	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Attorney General of The United States		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 950 Pennsylvania Ave, N.W. Washington, D.C. 20530		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	ONE
<input type="checkbox"/> Kenny Hill #17110-016 FCC Petersburg Low P.O. Box 1000 Petersburg, VA 23804		Number of parties to be served in this case	Six
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Mr. Kenny E. Hill</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11-29-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 12/27/05
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>Shirley Blum</i>	

Service Fee <i>gao</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>gao</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 4800
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REMARKS: *But 4842 8030 5212 12-30-05*

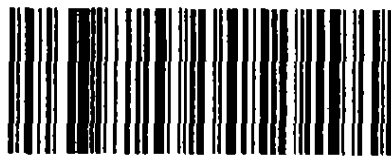
PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8020 5212

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

ALBERTO GONZALES,
U.S. ATTORNEY GENERAL
950 PENNSYLVANIA AVE. N.W.
WASHINGTON, D.C. 20530

5-160E,O/S/C,12/20/05,SRX

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below.

☐ Yes

☐ No

DEC 20 2005